

**MAINE EMS  
APPLICATION FOR RENEWAL  
OF A MAINE EMS SERVICE LICENSE**

**Maine EMS  
16 Edison Drive  
Augusta, ME 04332  
Tel. 207-287-3953**

**Section I - Service Information**

- A. Service Name: \_\_\_\_\_ Service # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- B. Ambulance Base - Street address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_
- C. Business Telephone #: \_\_\_\_\_ Ambulance Base Telephone #: \_\_\_\_\_

**Section II - Authorized Service Representatives (ASR) and Designated Infection Control Officers (DICO)**

- A. *List the names and telephone numbers of the Director/Chief, Assistant Director/Chief, other authorized service representatives, and the DICO and Alternate DICO for the service (Note: this list will supersede all previous lists).*

1. Director/Chief: \_\_\_\_\_ Telephone # - (Day): \_\_\_\_\_ (Night): \_\_\_\_\_  
2. Ass't Director/Chief: \_\_\_\_\_ Telephone # - (Day): \_\_\_\_\_ (Night): \_\_\_\_\_  
3. Alternate ASR: \_\_\_\_\_ Telephone # - (Day): \_\_\_\_\_ (Night): \_\_\_\_\_  
\_\_\_\_\_  
4. Alternate ASR: \_\_\_\_\_ Telephone # - (Day): \_\_\_\_\_ (Night): \_\_\_\_\_  
\_\_\_\_\_  
DICO: \_\_\_\_\_ Telephone # - (Day): \_\_\_\_\_ (Night): \_\_\_\_\_  
Alt. DICO: \_\_\_\_\_ Telephone # - (Day): \_\_\_\_\_ (Night): \_\_\_\_\_

**Section III - License Level** - Please indicate the service's current license level.

\_\_\_\_\_ First Responder \_\_\_\_\_ EMT-Basic \_\_\_\_\_ EMT-Intermediate  
\_\_\_\_\_ EMT-Critical Care \_\_\_\_\_ Paramedic

*Note: If applying for license renewal at a level which is authorized to administer drugs/medications, a copy of the service's agreement with a hospital pharmacy (or other Maine EMS approved pharmacy), must be attached to this application.*

**Section IV - Service Permit Level** - Please indicate the service's current permit level.

\_\_\_\_\_ EMT-Basic \_\_\_\_\_ EMT-Intermediate \_\_\_\_\_ EMT-Critical Care \_\_\_\_\_ Paramedic

*Note: If applying for renewal of a permit level which is authorized to administer drugs/medications, a copy of the service's agreement with a hospital pharmacy for the dispensation of drugs must be attached to this application.*

**Section V - Service Area**

A. **Primary Response Area** - List, by city or town, the service's current Primary Response Area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. **Secondary Response Area** - List, by city or town, the service's current Secondary Response Area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section VI Quality Assurance/Quality Improvement Committee** - List, by position (e.g. Service Director, Paramedic, EMT), the members of your service's Quality Assurance/Quality Improvement Committee, and attach a copy of your services quality improvement program:


**Section VII - Communications** - Please list the following telephone numbers for the service:

Emergency Dispatch: \_\_\_\_\_ Secondary Emergency Dispatch (other than 911): \_\_\_\_\_  
 Dispatch Business Number: \_\_\_\_\_

**Section VIII - Vehicle Information**

A. List, below, the vehicle(s) for which the service requests ambulance vehicle licensure (attach extra sheets as necessary):

Year	Chassis Mfg	Amb Mfg	VIN# ( <i>last five numbers/letters</i> )	Type	DMV#	Maine EMS#

B. List, below, the Emergency Medical Services Vehicle(s) (EMSV) for which the service has received Maine EMS authorization. Do not list vehicles in this section which are licensed as ambulances.

Year	Chassis Mfg	VIN# ( <i>last five numbers/letters</i> )	DMV#	Maine EMS#

**Section IX - Personnel** - Complete the enclosed service roster by: noting the CPR dates for all personnel; circling the names of persons appearing on the roster who are no longer sponsored or affiliated with your service; and by adding the names and license numbers of persons not appearing on the roster but for whom you are currently sponsoring for licensure or affiliating with your service. Attach the completed roster to the application for return to Maine EMS.

**Section X - Endorsements**

**A. Transporting Service Endorsement for Non Transporting Services**

I certify that the below named ambulance service has a letter of understanding or other written agreement in effect with the applicant which provides for the simultaneous dispatch, and transport of patients, as required in section 3(D)(1)(c)(v) of the Maine EMS Rules.

Name of Transporting Service: \_\_\_\_\_ Service #: \_\_\_\_\_  
 Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name of Authorized Representative: \_\_\_\_\_

**B. Medical Control Endorsement:**

As the Regional Medical Director, I have reviewed this application and have determined that the medical control arrangements for the type of service and level of care are adequate, according to criteria published and approved by Maine EMS.

Regional Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

**C. Service Representative Endorsement**

I hereby certify: that the foregoing statements are correct and true to the best of my knowledge and belief; that the service is eligible for licensure/authorization in accordance with the Maine EMS Rules and EMS Law (32 M.R.S.A. §§ 81 *et seq*); that the service possesses the required equipment as set forth in the Maine EMS Rules; and, that the personnel listed in section IX of this application possess current and valid Maine EMS licenses and current and valid certificates in Cardio-Pulmonary Resuscitation (CPR).

Further, I request that the Maine EMS Board approve the Service's Quality Assurance/Quality Improvement Committee in accordance with 32 M.R.S.A. §§92-A *et seq.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Fee Schedule**

Service Fee...\$100.00 per year

Ambulance and EMS Vehicle Fee...\$60.00 per year

Checks should be made payable to: **Treasurer of State**